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TONKICHITTAL	EODM	Application No.	10/043,888		
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Filing Date	January 10, 2002		
		First Named Inventor	Jonas L. Steinman		
		Art Unit	3622		
		Examiner Name	Arthur D. Duran		
Total Number of Pages in This Submi	sion 16	Attorney Docket Number	6560P015		
ENCLOSURES (check all that apply)					
Fee Transmittal Form Drawing(s)			After Allowance Communication to TC		
Fee Attached	Licensing-	related Papers	Appeal Communication to Board of Appeals and Interferences		
Amendment / Reply			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final Petiti Provi		Convert a Application	Proprietary Information		
Extension of Time Request	Power of A Change of	attorney, Revocation Correspondence Address	Status Letter		
Express Abandonment Request	Terminal D	Disclaimer	Other Enclosure(s) (please identify below):		
Information Disclosure Statement	Request fo	r Refund	Return Postcard		
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Certified Copy of Priority Document(s) Lan		cape Table on CD			
Response to Missing Parts/ Incomplete Application Basic Filing Fee Declaration/POA					
Response to Missing Parts under 37 CFR 1.52 or 1.53					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm Jennifer Hayes, Reg. No. 50,845 or Individual name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP					
Signature					
Date April 9, 2008					
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Signature COCCO Date April 9, 2008					

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Complete if Known TRANSMITTAL **Application Number** 10/043,888 Filing Date January 10, 2002 fees are subject to annual revision. First Named Inventor Jonas L. Steinman **Examiner Name** Arthur D. Duran s small entity status. See 37 CFR 1.27. 3622

Art Unit

TOTAL AMOUNT OF PAYMENT	(\$) 0.00	Attorney Docket No.	6560P015			
METHOD OF PAYMENT (check all that apply)						
☐ Check ☐ Credit card ☐ Money C	order None 🔲 O	ther (please identify):				
Deposit Account Deposit Account 1	Number: <u>02-2666</u> De	eposit Account Name:	Blakely, Sokoloff, Taylor & Zafman LLP			
For the above-identified deposit ac		ereby authorized to: (cl	heck all that apply)			
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during the pendency of this ap	pplication.		appropriate petition for extension of time and all required fees should be charged.			
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1. EXTRA CLAIM FEES Extra	Fee from					
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1202 50 2202 25 Claims in excess of						
1201 210 2201 105 Independent claim 1203 370 2203 185 Multiple Depender	nt claim, if not paid					
1204 810 2204 405 **Reissue independent claims over original patent **or number previously paid, if greater, For Reissues, see below 2205 405 **Reissue claims in excess of 20 and over original patent **or number previously paid, if greater, For Reissues, see below						
SUBTOTAL (1)	(\$) 0.00					
2. ADDITIONAL FEES Large Entity Small Entity						
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	Extension for reply within second month					
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SUBMITTED B	Y	≤ 1	 		Comp	olete (if applicable)
Name (Print/Type)	Jennifer Ha	yes	Registration No (Attorney/Agent)	50,845	Telephone	(408) 720-8300
Signature		//			Date	04/09/08

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/26/2007. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 2513-1450

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Artorney's Docket No.: 006560.P015

Patent

RESPONSE UNDER 37 C.F.R. § 1.116 EXPEDITED PROCEDURE EXAMINING GROUP 3622

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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) Examiner: Duran, Arthur D.)
) Art Unit: 3622
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AFTER FINAL ACTION
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Jonas L. Steinman Serial No.: 10/043,888 Examiner: Duran, Arthur D.
Art Unit: 3622